

A900000530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

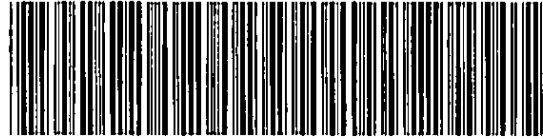
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JAN 23 A 1:33  
FALL MOUNTAIN, NC

1/30/19 DS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORTEX USA INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BATYA KUGLER

Name of Person

PHILIP STEIN & ASSOCIATES

Firm/Company

POB 45414

Address

Jerusalem, Israel 91451

City/State and Zip code

batya@pstein.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BATYA KUGLER

866

995-1040

at ( )

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CORTEX USA INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

CORTEX DENTAL USA INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 82-4085481  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/17/2018 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/05/2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 36 KENT RD.  
(Principal office address)

WESTMINSTER, MA 01473  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: VCORP SERVICES, LLC

Office Address: 5011 SOUTH STATE RD. 7, STE. 106

DAVIE, Florida 33314  
(City) (Zip code)

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TALLAHASSEE, FL

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Vcorp Services, LLC

(Registered agent's signature)

9. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: SHMUEL ROSEN

Address: 36 KENT RD.

WESTMINSTER, MA 01473

Director: ABRAHAM GENKIN

Address: 36 KENT RD.

WESTMINSTER, MA 01473

**B. OFFICERS**

President: SHMUEL ROSEN

Address: 36 KENT RD.

WESTMINSTER, MA 01473

Vice President: N/A

Address: \_\_\_\_\_

Secretary: N/A

Address: \_\_\_\_\_

Treasurer: ABRAHAM GENKIN

Address: 36 KENT RD., WESTMINSTER, MA 01473

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. CORTEX USA INC

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. ABRAHAM GENKIN - TREASURER

(Typed or printed name and capacity of person signing application)

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2019 JUN 27 AM 1:33  
CIVIL SERVICE CENTER  
U.S. DEPARTMENT OF STATE

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORTEX USA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORTEX USA INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

FILED  
2019 JAN 23 A 1:33  
JULIA A. BULLOCK, CLERK



  
Jeffrey W. Bullock, Secretary of State

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SR# 20188434700

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204202684

Date: 12-31-18